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PTO/SB/21 (08-00)

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1636  
Bixby

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/544,045
		Filing Date	April 6, 2000
		First Named Inventor	Brian Lee Sauer
		Group Art Unit	1636 JAN 10 2003
		Examiner Name	William O. Sanders TECH CENTER 1600/2900
Total Number of Pages in This Submission		Attorney Docket Number	OMRF 178

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 3 & 1/2" diskette, return postcard, and scientific publication.
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Patrea L. Pabst, Reg. No. 31,284	Holland & Knight LLP
	Suite 2000, One Atlantic Center; 1201 West Peachtree Street, N.E.; Atlanta, GA 30309-3400	
Signature		
Date	December 27, 2002	

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

December 27, 2002

Typed or printed name	Aisha Wyatt
Signature	
Date	December 27, 2002

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

## Complete if Known

Application Number	09/544,045
Filing Date	April 6, 2000
First Named Inventor	Brian Lee Sauer
Examiner Name	William O. Sandals
Group Art Unit	1636
Attorney Docket No.	OMRF 178

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

 Deposit Account:

Deposit Account Number  
50-1868  
Deposit Account Name  
Holland & Knight LLP

## The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee			
106 330	206 165	Design filing fee			
107 510	207 255	Plant filing fee			
108 740	208 370	Reissue filing fee			
114 160	214 80	Provisional filing fee			
<b>SUBTOTAL (1) (\$)</b>					

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
45	- 63 = 0	x 0 = 0	= 0
2	- 3 = 0	x 0 = 0	= 0
Multiple Dependent			

Large Entity	Small Entity	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$ 0.00)</b>		

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath			
127 50	227 25	Surcharge - late provisional filing fee or cover sheet			
139 130	139 130	Non-English specification			
147 2,520	147 2,520	For filing a request for ex parte reexamination			
112 920*	112 920*	Requesting publication of SIR prior to Examiner action			
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action			
115 110	215 55	Extension for reply within first month			
116 400	216 200	Extension for reply within second month			
117 920	217 460	Extension for reply within third month			
118 1,440	218 720	Extension for reply within fourth month			
128 1,960	228 980	Extension for reply within fifth month			
119 320	219 160	Notice of Appeal			
120 320	220 160	Filing a brief in support of an appeal			
121 280	221 140	Request for oral hearing			
138 1,510	138 1,510	Petition to institute a public use proceeding			
140 110	240 55	Petition to revive - unavoidable			
141 1,280	241 640	Petition to revive - unintentional			
142 1,280	242 640	Utility issue fee (or reissue)			
143 460	243 230	Design issue fee			
144 620	244 310	Plant issue fee			
122 130	122 130	Petitions to the Commissioner			
123 50	123 50	Processing fee under 37 CFR 1.17(q)			
126 180	126 180	Submission of Information Disclosure Stmt			
581 40	581 40	Recording each patent assignment per property (times number of properties)			
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))			
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))			
179 740	279 370	Request for Continued Examination (RCE)			
169 900	169 900	Request for expedited examination of a design application			
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					
<b>SUBTOTAL (3) (\$ 0.00)</b>					

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## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Patrea L. Pabst	Registration No. (Attorney/Agent)	31,284	Telephone	(404) 817-8531
Signature				Date	December 27, 2002

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